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IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

In Re: Michael George Perry, Jr.,	: Bankruptcy No. 19-10234 TPA
Debtor.	:
Michael George Perry, Jr.,	: : Chapter 13
Movant,	:
	: Related to Document No.
V.	:
	:
No Respondent.	:

	AMENDMENT COVER SHEET
Amer	ndment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:
	Voluntary Petition - Specify reason for amendment:
	Official Form 6 Schedules (Itemization of Changes Must Be Specified)
X	_ Summary of Schedules
	Schedule A - Real Property
X	Schedule B - Personal Property
X	Schedule C - Property Claimed as Exempt
X	Schedule D - Creditors holding Secured Claims
	Check one:
	Creditor(s) added: Per Proofs of Claim filed: Pa. Dept. of Revenue; TENDTO Credit Union;
	Wells Fargo Bank, N.A./PHH Mortgage Corporation (corrected name of Creditor); Wells Fargo
	Bank, N.A./Ocwen Loan Servicing, LLC (corrected name of Creditor); Wells Fargo Bank, N.A.,
	d/b/a Wells Fargo Auto
	NO Creditor(s) added
v	Creditor(s) deleted: Erie Federal Credit Union has been deleted.
X	Schedule E - Creditors Holding Unsecured Priority Claims
	Check one:
	Creditor(s) added
	NO Creditor(s) added: Revised amount due to Pa. Dept. of Revenue
v	Creditor(s) deleted
	Schedule F - Creditors Holding Unsecured Nonpriority Claims
	Check one:
	Creditor(s) added: Pa. Dept. of Revenue and Internal Revenue Service
	NO Creditor(s) added Creditor(s) deleted: TENDTO Credit Union has been deleted from Schedule F and moved to
	Creditor(s) dereted. 1211210 Credit Chilon has been detected from Schedule 1 and more to
	Schodule C. Everyteen Contracts and Harmined Leases
	_ Schedule G - Executory Contracts and Unexpired Leases Check one:
	Creditor(s) added
	NO Creditor(s) added Creditor(s) deleted
X	Schedule H - Codebtors: Stephanie A. Perry has been added as co-Debtor on TENDTO Credit Union
^	obligation.
	Schedule I - Current Income of Individual Debtor(s)
X	Schedule J - Current Expenditures of Individual Debtor(s) Schedule J - Current Expenditures of Individual Debtor(s)
<u> </u>	Statement of Financial Affairs
	Chapter 7 Individual Debtor's Statement of Intention
	Chapter / individual Debiol 8 Statement of intention

	Case 19	-10234-TPA	Doc 55		Entered 07/08/19 13:22:47 age 2 of 14	Desc Main
X	_ Chapter 1	e of Compensat	ors Holding ion of Attor	20 Largest Unsecur rney for Debtor		
NOT	ICE OF AN	MENDMENT(S	S) TO AFFI	ECTED PARTIES		
	has been gi				•	
The fo	llowing part	ties received not	ification via	the CM/ECF System	and will not receive a paper copy of t	he filing:
Ronda	J. Winneco	our, Esquire; cme	ecf@chapter	of Attorney for Debtor It Monthly Income/Disposable Income O AFFECTED PARTIES and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked U.S. Trustee, the trustee in this case, and to entities affected by the amendment as ation via the CM/ECF System and will not receive a paper copy of the filing: Ochapter13trusteewdpa.com O3.pi.ecf@usdoj.gov		
Office	of the U.S.	Trustee; ustpreg	ion03.pi.ecf	@usdoj.gov		
Date	July 8, 20	19		/s/ Michael S. Ja	nnJanin, Esquire	f the filing of the amendment(s) checked entities affected by the amendment as we a paper copy of the filing: Debtor(s)]
Duic					ebtor(s) [or <i>pro se</i> Debtor(s)]	
				Michael S. JanJ	anin, Esquire 38880	
				(Typed Name)		
				2222 West Gran Erie, PA 16506	dview Boulevard	
				(Address)		
				(814)833-2222		
				(Phone No.)		
				38880 PA		
					d State of Admission	

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

Fill in this inforr	Fill in this information to identify your case:						
Debtor 1 Michael George Perry, Jr.							
Debtor 2 (Spouse, if filing)							
United States Bankruptcy Court for the: Western District of Pennsylvania							
Case number (if known)	19-10234 TPA						

Check	as directed in lines 17 and 21:								
1	According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
3. The commitment period is 3 years.									
	4. The commitment period is 5 years.								

■ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: **Calculate Your Average Monthly Income** 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 9.659.19 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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19-10234 TPA

Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 0.00 For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Land Contract 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 10,359.19 10,359.19 0.00 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 10.359.19 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 10,359.19 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 10.359.19 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 124,310.28 15b. The result is your current monthly income for the year for this part of the form.

Michael George Perry, Jr.

Debtor 1

Case 19-10234-TPA Doc 55 Filed 07/08/19 Entered 07/08/19 13:22:47 Page 5 of 14 Document Michael George Perry, Jr. 19-10234 TPA Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. PA 16b. Fill in the number of people in your household. 1 16c. Fill in the median family income for your state and size of household. 53.803.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. \$ 10,359.19 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 10,359.19 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 10,359.19 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 124,310.28 \$ 20b. The result is your current monthly income for the year for this part of the form 53,803.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Michael George Perry, Jr.

Michael George Perry, Jr.

Signature of Debtor 1

Date July 8, 2019

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in this info	rmation to identify your case:	
Debtor 1	Michael George Perry, Jr.	
Debtor 2 (Spouse, if filing	<u>a)</u>	
United States B	Sankruptcy Court for the: Western District of Pennsylvania	
Case number (if known)	19-10234 TPA	■ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 647.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Debtor 1	Michael George Perry, Jr.		Case number (<i>if known</i>) 19-10234 TPA
Peopl	le who are under 65 years of age		
7	7a. Out-of-pocket health care allowance per person	\$ 52	
7	7b. Number of people who are under 65	X 1	
7	7c. Subtotal. Multiply line 7a by line 7b.	\$ 52.00	Copy here=> \$ <u>52.00</u>
People who are under 65 years of age 7a. Out-of-pocket health care allowance per person \$ 52 7b. Number of people who are under 65 X 1 7c. Subtotal. Multiply line 7a by line 7b. \$ 52.00 Copy here=> \$ 52.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person \$ 114 7e. Number of people who are 65 or older X 0 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00 7g. Total. Add line 7c and line 7f \$ 0.00 Copy here=> \$ 0.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: I Housing and utilities - Insurance and operating expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortagage or rent expenses. 9b. Total average monthly payment for all mortagage and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment M&T Bank \$ 1,204.23 Poply here=> \$ 1,204.23 Repeat this on line 33a.			
7	7d Out-of-nocket health care allowance per person	\$ 114	
		- 	
			Copy here=> \$ 0.00
		<u> </u>	
7	7g. Total. Add line 7c and line 7f	\$	52.00 Copy total here=> \$ 52.00
Local	Standards You must use the IRS Local Standards	to answer the questions in I	lines 8-15.
		gram has divided the IRS	Local Standard for housing for
■ Но	ousing and utilities - Insurance and operating expe	nses	
■ Но	ousing and utilities - Mortgage or rent expenses		
8. H	Housing and utilities - Insurance and operating exp in the dollar amount listed for your county for insurance	enses: Using the number of	
		fill in the dellar amount	
9			\$ 728.00
9	b. Total average monthly payment for all mortgages	and other debts secured by	your home.
	contractually due to each secured creditor in the 6		
	Name of the creditor		
	M&T Bank	\$ 1,204.23	3
	9b. Total average monthly payme	\$\$	400400
9	Oc. Net mortgage or rent expense.		
	Subtract line 9b (total average monthly payment) or rent expense). If this number is less than \$0, er		\$
а	f you claim that the U.S. Trustee Program's division affects the calculation of your monthly expenses, fi Explain why:		

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19-10234 TPA

Case number (if known)

Michael George Perry, Jr. 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 230.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 2011 Chevrolet Silverado 3500; Proof of Claim No. 16; interest at 7.50% 13a. Ownership or leasing costs using IRS Local Standard..... 497.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment M&T Bank 445.06 Repeat this Copy amount on **Total Average Monthly Payment** 445.06 445.06 here => 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 51.94 51.94 \$ Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Debtor 1

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Debtor 1 Michael George Perry, Jr. Case number (if known) 19-10234 TPA

		n addition to the expense d the following IRS categories		s listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, socia	al security taxes, and Medic wever, if you expect to rece m the total monthly amount	are taxes	s. You may inc refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from ust divide the expected refund by 12 for taxes.	\$	2,590.00
17.	Involuntary deductions: The contributions, union dues, are	, , ,	uctions th	at your job re	quires, such as retirement		
	Do not include amounts that	are not required by your job	o, such a	s voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payme	ents that you make for your life insurance on your depe	spouse's	term life insu	e insurance. If two married people are rance. spouse's life insurance, or for any form	\$	0.00
19.	Court-ordered payments: administrative agency, such Do not include payments on	as spousal or child support	paymen	s.	by the order of a court or You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthl	-					
	as a condition for your job				•		
	for your physically or mer	ntally challenged dependent	child if r	o public educ	ation is available for similar services.	\$	0.00
21.	Childcare: The total monthly Do not include payments for			•	sitting, daycare, nursery, and preschool.	\$	0.00
22.		and welfare of you or your	depende	ents and that is	amount that you pay for health care s not reimbursed by insurance or paid il entered in line 7.		0.00
	Payments for health insuran	=		-		\$	0.00
23.	for you and your dependents phone service, to the extent income, if it is not reimburse	s, such as pagers, call waitir necessary for your health a d by your employer.	ng, caller nd welfa	identification, re or that of yo	ou pay for telecommunication services special long distance, or business cell ur dependents or for the production of		
					rvice. Do not include self-employment ount you previously deducted.	+\$	0.00
24.		oorted on line 5 of Official Fo	orm 1220	C-1, or any am		+ \$ \$	4,048.94
	expenses, such as those rep Add all of the expenses all	oorted on line 5 of Official Fo	orm 1220 nse allove eductions	c-1, or any am vances. s allowed by the	ount you previously deducted.		
Add	expenses, such as those rep Add all of the expenses all Add lines 6 through 23. litional Expense Deductions Health insurance, disability	oved under the IRS expensions These are additional do Note: Do not include any insurance, and health sa	nse alloveductions	c-1, or any am vances. s allowed by the se allowances ccount expen	ount you previously deducted.	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance, disability insurance.	oved under the IRS expensions These are additional do Note: Do not include any insurance, and health sa	nse alloveductions	c-1, or any am vances. s allowed by the se allowances ccount expen	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance, your dependents.	oved under the IRS expensions These are additional do Note: Do not include any insurance, and health sa	nse allow eductions ny expen avings ac unts that	vances. s allowed by the se allowances count expenare reasonab	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance, disability insurance, dependents. Health insurance	oved under the IRS experison of the series are additional do Note: Do not include any insurance, and health sace, and health savings according to the series of the series	nse alloweductions avings acunts that	vances. s allowed by the se allowances count expenare reasonab	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance	oved under the IRS experison of the series are additional do Note: Do not include any insurance, and health sace, and health savings according to the series of the series	orm 1220 nse allow eductions ny expen avings a unts that	vances. s allowed by the se allowances count expensare reasonab 500.00 0.00	ne Means Test. s listed in lines 6-24. ses. The monthly expenses for health	\$	
Add	Add all of the expenses all Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account	oved under the IRS expensions are additional do Note: Do not include any insurance, and health sace, and health savings acco	eductions avings a unts that	vances. s allowed by the se allowances are reasonab 500.00 0.00	ne Means Test. Is listed in lines 6-24. ses. The monthly expenses for health ly necessary for yourself, your spouse, o	\$r	4,048.94
Add	Add all of the expenses all Add lines 6 through 23. Iitional Expense Deductions Health insurance, disability insurance, vour dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to	oved under the IRS expensions are additional do Note: Do not include any insurance, and health sace, and health savings acco	eductions avings a unts that	vances. s allowed by the se allowances are reasonab 500.00 0.00	ne Means Test. Is listed in lines 6-24. ses. The monthly expenses for health ly necessary for yourself, your spouse, o	\$r	4,048.94
Add	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reason	oved under the IRS expensions are additional de Note: Do not include any insurance, and health sace, and health sace, and health sace, and health savings accordant amount? The care of household or inable and necessary care as of your immediate family who	eductions avings a unts that \$ \$ family I and suppo is unab	vances. s allowed by the se allowances are reasonab 500.00 0.00 500.00 500.00 members. The ort of an elder ble to pay for s	ce actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$r	4,048.94
25. 26.	Add all of the expenses all Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reason your household or member of include contributions to an are Protection against family were proposed to the pay for the reason your household or member of include contributions to an are Protection against family were proposed to the pay for the reason your household or member of include contributions to an are protection against family were proposed to the prop	oved under the IRS expensions are additional de Note: Do not include any insurance, and health sace, and health savings account actually spend? The care of household or inable and necessary care and your immediate family who count of a qualified ABLE priolence. The reasonably necessary care.	eductions ny expen vings a unts that \$ \$ \$ family I and supp o is unab program. eccessary	vances. s allowed by the se allowances count expensare reasonab 500.00 0.00 500.00 members. The ort of an elder let to pay for separate to pay	ce actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$r	500.00

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ebtor 1	Michael George Perry, Jr.	Case nun	nber (<i>if known</i>)	19-10234	TPA	
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and	d operating	expenses on		
	If you believe that you have home energy of 8, then fill in the excess amount of home en	costs that are more than the home energy costs in	cluded in ex	xpenses on lin	е	
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show	that the ac	dditional	\$	0.0
		dren who are younger than 18. The monthly expependent children who are younger than 18 years				
	You must give your case trustee document claimed is reasonable and necessary and it	ation of your actual expenses, and you must explant already accounted for in lines 6-23.	ain why the	amount		
	* Subject to adjustment on 4/01/19, and ev	ery 3 years after that for cases begun on or after t	he date of a	adjustment.	\$	0.0
		The monthly amount by which your actual food and gallowances in the IRS National Standards. That are in the IRS National Standards.			-	
		tional allowance, go online using the link specified so be available at the bankruptcy clerk's office.	in the sepa	arate		
	You must show that the additional amount	claimed is reasonable and necessary.			\$_	0.0
	Continuing charitable contributions. The instruments to a religious or charitable organization	e amount that you will continue to contribute in the anization. 11 U.S.C. § 548(d)(3) and (4).	form of cas	sh or financial		
	Do not include any amount more than 15%	of your gross monthly income.			\$	0.0
	Add all of the additional expense deduc Add lines 25 through 31.	tions.			\$_	500.00
Dedu	uctions for Debt Payment					
le T	pans, and other secured debt, fill in lines	nent, add all amounts that are contractually due to				age monthly
22-	Canadia a Oh hara				paym	
33a.				=>	ъ	1,204.23
	Loans on your first two vehicles					
33b.				=>	\$	445.06
33c.	Copy line 13e here			=>	\$	0.00
33d.	List other secured debts:					
Nam	e of each creditor for other secured debt	Identify property that secures the debt	inc	es payment lude taxes insurance?		
	Erie County Tax Claim Bureau	430-432 Cascade Street Erie, PA 16507 Erie County Property is owned jointly with Gregory Pamula.		No Yes	\$	127.96
	Michael Camesi	430-432 Cascade Street Erie, PA 16507 Erie County; Proof of Claim No. 4 Property is owned jointly with Gregory Pamula.		No Yes	\$	1,100.00
	Pa. Dept. of Revenue	All property of the Debtor. Proof of Cla	im □	No Yes	\$	440.96
	TENDTO Credit Union	2004 Terry Camper; Interest at 9.99%; \$0.00 arrears (Per Proof of Claim)	_	No	_	147 04

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Debtor 1	Michael George Perry, Jr.	Case num	ber (if known)	19-1	10234 TP	<u> </u>		
	Wells Fargo Bank, N.A.	1631 West 21st Street Erie, PA 16502 Erie County; Arrears \$5,925.20; Proof of Claim No. 19 This property is being sold on a land contract to Travis Lewis, who owes approximately \$75,000.00.	of □	No Yes	\$		723.78	
	1631 West 21st Street Erie, PA 16502 Erie County; Proof of Claim No. 10 This property is being sold on a land contract to Travis Lewis, who owes				■ No □ Yes \$			
33e	Total average monthly payment. Add li	nes 33a through 33d \$	4,47	3.20	Copy total here=>	\$	4,473.20	

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Michael George Perry, Jr. 19-10234 TPA Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount 1631 West 21st Street Erie, PA 16502 Erie County; Arrears \$5,925.20; Proof of Claim No. 19 This property is being sold on a land contract to Travis Lewis, who owes **5,925.90** ÷ 60 = \$ Wells Fargo Bank, N.A. 98.77 approximately \$75,000.00. \$ \$ $\div 60 = $$ \$ $\div 60 = +$ \$ Copy total 98.77 Total 98.77 \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 48,093.31 ÷60 \$ 801.56 36. Projected monthly Chapter 13 plan payment 5,373.53 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 4.80 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 257.93 257.93 Average monthly administrative expense here=> 5,631.46 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4,048.94 expense allowances Copy line 32, All of the additional expense deductions 500.00 Copy line 37, All of the deductions for debt payment 5,631.46 10,180.40 10.180.40 Total deductions Copy total here=>

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19-10234 TPA

Case number (if known)

Michael George Perry, Jr. Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 10.359.19 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 10,180.40 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Amount of expense Describe the special circumstances Сору 0.00 0.00 Total \$ here=> \$ Copy 44. Total adjustments. Add lines 40 through 43. 10.180.40 10,180.40 here=> -\$ 178.79 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ Decrease ☐ 122C-2 ☐ 122C-1 ☐ Increase ☐ 122C-2 □ Decrease □ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease □ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease

Debtor 1

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Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Michael George Perry, Jr.

Michael George Perry, Jr.

Signature of Debtor 1

Date July 8, 2019

MM / DD / YYYY